

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
UNITED STATES OF AMERICA,

-v-

, Robert Shannon

Defendant(s).
-----X

**CONSENT TO PROCEED BY
TELECONFERENCE**

-cr- ()

20 Mag 11644

Defendant Robert Shannon hereby voluntarily consents to participate in the following proceeding via ~~video~~ ^{tele}conferencing:

- ☒ Initial Appearance/Appointment of Counsel
- ☐ Arraignment (If on Felony Information, Defendant Must Sign Separate Waiver of Indictment Form)
- ☐ Preliminary Hearing on Felony Complaint
- ☐ Bail/Revocation/Detention Hearing
- ☐ Status and/or Scheduling Conference
- ☐ Felony Plea/Trial/Sentence

s/Robert Shannon/otw

Defendant's Signature

(Judge may obtain verbal consent on Record and Sign for Defendant) otw

Cesar de Castro

Defense Counsel's Signature

Robert Shannon

Print Defendant's Name

Cesar de Castro

Print Defense Counsel's Name

This proceeding was conducted by reliable telephone conferencing technology and the dial-in information for the call was publicly available and provided to the press.

²⁹
10-28-2020

Date

[Signature]
U.S. Magistrate Judge – ONA T. WANG

SDNY CJA 23 (Rev. 1/12)	<h2 style="margin: 0;">FINANCIAL AFFIDAVIT</h2> <p style="margin: 0;">IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE</p>	
IN THE UNITED STATES <input type="checkbox"/> DISTRICT COURT <input type="checkbox"/> COURT OF APPEALS <input type="checkbox"/> OTHER (Specify below)		
IN THE CASE OF		
United States v. Shannon		LOCATION NUMBER
PERSON REPRESENTED (Show your full name) Robert Shannon		DOCKET NUMBERS Magistrate Judge District Court Court of Appeals
CHARGE/OFFENSE (describe if applicable & check box→) 21 U.S.C. 846		1 <input checked="" type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Supervised Release Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other (Specify)
ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY		

EMPLOY- MENT INCOME & ASSETS	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Self-Employed	Name and address of employer: Home - Barber	
	IF YES, how much do you earn per month? \$ 2,000-\$2,500	IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____	
	If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____	
	IF YES, how much does your spouse earn per month? \$ N/A		
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES, give the amount \$ 2,000-\$2,500 / mo., cutting hair out of his home received and identify the sources \$ _____		
CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, total amount? \$ _____		
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, give value and description for each	VALUE	DESCRIPTION
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated or Divorced	
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	List persons you actually support and your relationship to them Raheem Shannon, Son, 3 yrs old	
		Total No. of Dependents 1	
		DESCRIPTION	TOTAL DEBT
		Rent	\$450
		Phone	\$50
		Baby Supplies	\$100
		Food	\$150

I certify under penalty of perjury that the foregoing is true and correct.

s/ Robert Shannon / OTW
 SIGNATURE OF DEFENDANT
 (OR PERSON REPRESENTED)

29
 10-28-2020
 Date

Cesar de Castro
 FD/CJA/RET. ATTORNEY (PRINT)

☒ APPROVED ☐ DENIED

ASSISTANT UNITED STATES ATTORNEY (PRINT)

SIGNATURE OF JUDICIAL OFFICER

29
 10-28-2020
 DATE

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
UNITED STATES COURTHOUSE
500 PEARL STREET
NEW YORK, NEW YORK 10007-1312**

MEDICAL ATTENTION FORM

DATE: 10-28²⁹ 2020

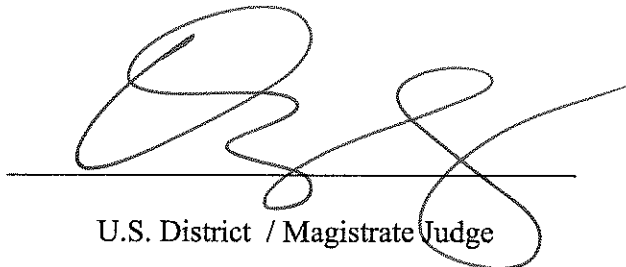
DEFENDANT: Robert Shannon

DOCKET #: 20 Mag 11644

**TO THE WARDENS OF THE METROPOLITAN CORRECTIONAL
CENTER, THE METROPOLITAN DETENTION CENTER,
OR ANY OTHER DETENTION FACILITY:**

The above-named defendant has been remanded in lieu of bail at the time of his/her presentment before this Court. At that time, the following information which requires medical attention was disclosed.:

The defendant suffers from high blood pressure (for which is prescribed medication),
asthma, and anxiety.



U.S. District / Magistrate Judge